

# SCHOOL LUNCH, BREAKFAST and MILK PROGRAMS SPONSOR ADDRESS and SCHOOL DATA UPDATE FORM 2002-2003

Whenever there is a change in the following information, please complete this form and return to: Teri Dandeneau, Office of Child Nutrition, 25 Industrial Park Road, Middletown, CT 06457 or E-mail form to: [teri.dandeneau@po.state.ct.us](mailto:teri.dandeneau@po.state.ct.us)

## A.

SCHOOL DISTRICT (OR SPONSOR) NAME: \_\_\_\_\_ AGREEMENT #: \_\_\_\_\_

FOOD SERVICE DIRECTOR'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
(include area code) (include area code)

E-MAIL ADDRESS: \_\_\_\_\_

## B.

Are you providing meals to site(s) outside of your own school district? \_\_\_ YES \_\_\_ NO

Are you receiving meals from a location outside of your own school district? \_\_\_ YES \_\_\_ NO

If yes to the above, do you have a written and signed **Interdistrict Agreement** with the site(s)? \_\_\_ YES \_\_\_ NO

Please indicate the contact person and mailing address of the additional site(s). **If more space is needed please attach a sheet.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(include area code) (include area code)

## C.

Please check off your current meal pattern choice:

\_\_\_ Traditional Food Based \_\_\_ Enhanced Food Based

\_\_\_ Assisted NuMenus *Name of person doing the Nutrient Analysis is:* \_\_\_\_\_

\_\_\_ NuMenus *Nutrient standard software is:* \_\_\_\_\_

## D.

Are you currently using a Food Management Company? \_\_\_ Yes \_\_\_ No (If yes, indicate Company \_\_\_\_\_)

If yes, please list name and address of the school district's **Business Official** contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(include area code) (include area code)